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Adult safeguarding in Northern Ireland: prevention, protection, partnership

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Title: ‘Adult Safeguarding in Northern Ireland: Prevention, Protection, Partnership’

Abstract:

Purpose – The purpose of this paper is to outline and critique the current model of adult safeguarding in Northern Ireland.

Design -The paper offers a critical analysis of adult safeguarding, legislation, policy and practice. Insights are offered from the Regional Adult Safeguarding Officer for Northern Ireland, and available research evidence is cited.

Findings- Distinct features of Northern Irish society have shaped its adult safeguarding policy and practice in ways which differ from those in England, Scotland and Wales. Strengths and limitations of the legal and policy framework and practice systems are discussed.

Limitations-The paper offers the viewpoint of the authors, which may not be representative.

Practical implications-The potential advantages and challenges of the Northern Irish safeguarding systems are presented, and potential future developments highlighted.

Social implications - Changes in the way adult safeguarding has been conceptualised have been highlighted. An emphasis on prevention and early intervention activities, with a key role envisaged for community, voluntary and faith sector organisations, has been noted.

Originality-This paper provides an accessible overview of adult safeguarding in Northern Ireland which to date has been lacking from the literature.

Keywords- adult safeguarding; Northern Ireland; social work.

Classification-General review

Introduction

Over the last twenty years Northern Ireland (NI) has seen considerable changes in the way adult safeguarding has been conceptualised. The current model of adult safeguarding involves a framework of generic legislation and specific policies and partnerships, utilised by professionals in the health, social care and criminal justice sectors. NI has arguably moved away from a somewhat paternalistic approach to a person-centred, rights-based, and empowering approach, encouraging consent driven practice and promoting partnership with the wider public.

This paper offers a critique of adult safeguarding in Northern Ireland and is based upon practical experience rather than theoretical study. An ‘insiders’ perspective is given. Both authors have long-term practice experience as social workers in the adult sector, with one

author (JM), currently in the role of Regional Adult Safeguarding Officer for NI, with overarching strategic responsibility for adult safeguarding practice.

The development of safeguarding practices has not occurred in a vacuum, but through the influences of historical, political, cultural, and organisational factors. Thus, this paper will begin by highlighting particular socio-cultural characteristics of Northern Irish society. The legislative and policy base for practice will then be introduced, along with organisational structures and an overview of safeguarding referrals. In reflecting on the strengths and limitations of safeguarding, consideration will be given to the influence of a relatively close knit network of professionals and to the current legislative and policy base. Future developments in adult safeguarding will be discussed.

Demographic characteristics of Northern Ireland

NI is a province of the United Kingdom (UK) and shares a border with the Republic of Ireland. Its population of 1,828,600 (NI Statistics and Research Agency [NISRA], 2011) is only 3% of the population of the UK. NI is an ethnically homogenous society; over 99% of the population is white with the next largest ethnic group (Chinese) numbering only 0.25% (NISRA, 2011).

NI is perhaps best known for its history of civil conflict, colloquially referred to as the 'Troubles'. Economic, health and social issues are evident following almost 30 years of conflict. The economy has been deeply affected, leading to high levels of unemployment, with the subsequent demise of the manufacturing industry and a huge growth in government and security service jobs (HM Treasury, 2011). Since 1998, when most of the paramilitary groups stopped their armed struggle, devolved government was restored, however there remains a strong political divide, and sectarianism is prevalent (Campbell, 2007). Notwithstanding these divisions, community networks and relationships tend to be strong, and it has been argued that the peace process has provided opportunities for bridging social capital to strengthen and develop networks and relationships (Leonard, 2004). It is within this context that adult safeguarding structures and practises have developed; a brief overview of which is presented below.

Adult safeguarding in Northern Ireland: Legislation, policy, guidance

Influenced by cultural and political contexts, each country within the UK has different approaches to adult protection. NI remains the only country within the UK that does not have

specific adult safeguarding legislation. Regional variations are also found in definitions of who is an ‘adult at risk’, in the concept of ‘harm’ and ‘abuse’, and in the powers and duties invested in staff (Author, 2016). Within the Republic of Ireland (RoI) there is currently no specific adult safeguarding legislation, and the generic legislation utilised is similar in scale and scope to that used in NI. Despite these variations, throughout the UK, and RoI, there has been a shift from a restricted focus on abuse to a more inclusive and preventative concern with minimising harm and promoting well-being (Johnson, 2012; Phelan, 2013).

Currently, all NI citizens are subject to a range of criminal and civil laws regardless of age or disability. Adults at risk are protected by criminal law in the same way as other people from theft, rape or assault. For example; The Sexual Offences (Northern Ireland) Order 2008 provides a legislative framework for sexual offences, including offences against people with a mental disorder. The Criminal Law Act (Northern Ireland) 1967 (created in response to the NI civil conflict) establishes an obligation on citizens, if they suspect a serious offence has been committed, to provide the police with any information they may have which is likely to help to secure the arrest, prosecution or conviction of a suspect within a reasonable period. However, the use of criminal law poses a number of challenges to practitioners as it is directed primarily at an alleged perpetrator and requires a high level of proof that an adult has been subjected to some form of abuse, neglect or exploitation. Civil protections such as Non Molestation Orders or Exclusion Orders are also utilised. There is increasing appreciation of the support that the civil courts may be able to provide, and a small number of cases are currently in process where applications have been made to the inherent jurisdiction of the High Court because of concerns that an adult is at risk of abuse, neglect or exploitation.

Other relevant laws are those which determine the nature and scope of welfare provision. The Health and Personal Social Services (NI) Order 1972 and the Health and Social Care (Reform) Act (NI) 2009) are the key pieces of legislation governing the provision of health and social care in NI. Specifically, in relation to adult safeguarding, Article 37 of the 1972 Order permits the removal to suitable premises of persons in need of care and attention who are: suffering from grave or chronic disease, are aged, infirm or physically incapacitated, are living in insanitary conditions; and are unable to provide for themselves or receive from others, proper care and attention. However, in the context of adult safeguarding, these powers to remove a person in need of care have not been widely used in Northern Ireland.

Further legal provision is found in The Mental Health (NI) Order 1986. Increasingly utilised within adult safeguarding, Article 121 of this Order provides for an offence of ill treatment or willful neglect of someone in hospital or a nursing home who is being treated for a mental disorder, such as dementia. Moreover, Article 129 provides for the searching for and removal from premises of a person believed to be suffering from a mental disorder if they are or have been ill-treated or neglected, or they are unable to care for themselves and they live alone. However, in practice the sole use of Article 129 has been to gain access to individuals suffering from a mental disorder and require assessment for hospital.

In the absence of specific adult safeguarding legislation, the last ten years in NI has seen the development of a range of policies and procedures which have determined the scope and nature of safeguarding practice. In 2006, building on the English 'No Secrets' guidance, the Department of Health Social Services and Public Safety (DHSSPS), launched '*Safeguarding Vulnerable Adults: Regional Adult Protection Policy and Procedural Guidance*' (DHSSPS, 2006), establishing the concept of a 'vulnerable adult' and introducing procedural guidelines for statutory sector organisations in identifying and responding to risk. This included a reporting and investigation protocol and processes for monitoring professional practice. This was followed in 2010 by '*Safeguarding Vulnerable Adults: A Shared Responsibility*' (Volunteer Now, 2010 revised 2012), which provided advice and procedural guidance for voluntary and community sector organisations in recognising and responding to situations of alleged or suspected abuse.

Key stakeholders utilising this policy identified discrepancies in determining the threshold of abuse and ensuring consistency, within and across Health and Social Care (HSC) Trusts (Author, 2016). Similar issues had been identified in England from the 'diverse thresholds' which emerged from the No Secrets guidance (McCreadie et al., 2008:253). Consequently, in NI clarity in threshold decisions and broad changes in the underpinning ethos, definitions and language have been made in the recently revised adult safeguarding policy: '*Adult Safeguarding in Northern Ireland: Prevention and Protection in Partnership*' (DHSSPS, 2015). The underpinning ethos reflects changes to the conceptualisation of risk, and places a stronger emphasis on a preventative agenda which envisages a key role for community, voluntary and faith sector organisations.

The policy introduces two new definitions, that of an ‘adult at risk’, and an ‘adult in need of protection’. An adult at risk is defined as a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their personal characteristics, including for example age or disability, and/or their life circumstances which include isolation, socio-economic factors and environmental living conditions. An ‘adult in need of protection’ is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their personal characteristics and/or life circumstances and who is unable to protect their own well-being, property, assets, rights or other interests; and where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed. Self-harm and self-neglect are excluded from the NI policy.

Specialist and distinct ‘Adult Safeguarding Gateway’ teams manage higher risk, complex referrals where an adult is deemed to be ‘in need of protection’, such as large scale investigations, criminal cases, or cases pertaining to modern slavery. Generic ‘locality’ teams with non-specialist staff, respond, at least in the first instance, to lower risk referrals, where adults are deemed ‘to be at risk’. This model would seem to fit with the ‘Partially Centralised-Specialist’ safeguarding model as defined by Stevens et al. (2016) in which a centralised team undertakes all the ‘high-risk’ or complex work.

Many of the advantages and disadvantages of safeguarding models in England, as highlighted by Stevens et al (2016), resonate with the experiences of the NI teams. Within the Adult Safeguarding Gateway teams, it is recognised that staff are developing a high level of expertise (Evetts, 2011), with a growing confidence in their familiarity with safeguarding processes and with the complexities of decision making. Adult Safeguarding Gateway teams have also developed close working relationships with other agencies such as the PSNI. However, as the overwhelming majority of safeguarding referrals in NI relate to people who are known to HSC Trusts, and are in receipt of some form of care or support (NI Adult Safeguarding Partnership (NIASP) Annual Report 2015/16), moving to a specialist team arguably undermines the continuity of established professional relationships. Within the policy the roles of the Designated Adult Protection Officer (DAPO) and Adult Safeguarding Champion (ASC) are deemed pivotal in the safeguarding process. In the previous safeguarding policy (2006), a range of professional groups were facilitated to take on the role of overseeing the safeguarding investigation, however on review, it was argued that the overarching responsibility of adult safeguarding investigations lay in the domain of social work, contingent on the skills and

knowledge which are core to that profession. This view has been accepted by the multi-professional membership of the NIASP. Thus, the Designated Adult Protection Officer (DAPO) should be a suitably experienced social work professional who is responsible for the overall management of each adult safeguarding referral received by the HSC Trust. The DAPO is supported in this role by Investigating Officers who undertake the initial investigation and risk assessment and who are drawn from all professional groups. Every organisation providing a service is required to nominate ASC, who provides information, advice and support for staff, ensuring that the development and implementation of an adult safeguarding policy, The ASC role however, is one that continues to pose some challenges, with resource implications particularly for smaller organisations.

The policy makes it clear that every incident requires a response; each response must allow for flexibility and individualised decision-making. Where an adult is deemed to be at risk, a six stage investigation process is followed: screening, investigation and assessment, implementation and protection planning, monitoring and reviewing, and closure. Where a crime is suspected or alleged *The Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults* (Health and Social Care Board, 2003, revised 2009), provides procedural guidance for health and social care and criminal justice professionals to work together to investigate the crime and support victims. Additionally, *Achieving Best Evidence in Criminal Proceedings: (Northern Ireland)* (Department of Justice, 2003, revised 2010 and 2012), provides guidance on interviewing victims and witnesses of crime, including those subject to an adult safeguarding investigation. However, not every incident requires a statutory protection response; alternative actions may be required to achieve the service user's preferred outcome. These may include initiating Human Resources procedures, referral for enhanced risk assessments or use of Family Group Conferencing. The organisational structures, in which these policies are implemented, are outlined below.

Organisational structures

Within NI the commissioning, management and provision of health and social care services are fully integrated, structured within five geographically distinct HSC Trusts. There is one regional model of adult safeguarding utilised by all five Trusts. Similar to adult safeguarding models in England (Norrie et al., 2014; Stevens et al., 2016), the structures of front-line services are determined by levels of specialism. There is a strong multi-agency component to

safeguarding work with close collaboration between the HSC Trusts, criminal justice sector and the Regulation and Quality Improvement Authority (RQIA); the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in NI.

The multi-agency approach is also seen in the establishment of the NI Adult Safeguarding Partnership (NIASP). Although it does not have the same statutory basis, this partnership carries many similar functions to the Safeguarding Adults Board (SAB) in England (Braye et al., 2014). The NIASP is composed of representatives of the main statutory, voluntary, community, independent and faith organisations involved in adult safeguarding across the region, and includes representation from the police, probation, the Housing Executive, faith communities and HSC Trusts. Similar to many English SAB's, service users are not part of the membership of this board.

The partnership is tasked with the delivery of improved adult safeguarding outcomes through a strategic plan, operational policies and procedures. The NIASP strategy promotes ownership of adult safeguarding issues within all partner organisations and across all professional groups and service areas. Five Local Adult Safeguarding Partnerships (LASPs) with similarly diverse membership have also been established, located within, and accountable to, their respective HSC Trusts. Each LASP has responsibility to promote all aspects of safeguarding in its area, including prevention activities and to promote multi-disciplinary, multi-agency and interagency cooperation, including the sharing of learning and best practice.

Safeguarding referrals

Since 2012, there has been a steady increase in the number of safeguarding referrals made to HSCT. In 2015/16, the 7747 referrals made (NIASP Annual Report 2015/16), represented 55 in every 10,000 of the population of NI aged 18 years or over. 36% of these referrals were in relation to people aged 65 or older and 32% were in relation to adults with learning disabilities.

In 2015-16, suspected financial abuse was the most common reason for referral, accounting for 49% of all referrals, including 45% of referrals in relation to older people and 64% of referrals in relation to people with a learning disability. The other most common categories of referral were “neglect” at 14% and “physical abuse” at 12% of referrals.

Not every referral required a protection response. Some were made inappropriately; some were re-directed to other services for example, a single agency intervention by the PSNI. In 2015-16, HSC Trusts recorded that adult protection investigations were undertaken in relation to 54% of the total. As noted, the over whelming majority of referrals were in relation to people who were already known to HSC Trusts.

Whilst 44% of investigations took place in residential or nursing homes for older people, an increasing number of referrals are being received where the adult in need of protection is in receipt of services in their own home. 30% of recorded investigations took place in adult mental health units. 16% of all investigations were jointly investigated by the PSNI and local HSC Trust staff. These are some of the most complex, challenging resource intensive investigations.

Care and Protection Plans are developed to ensure that the alleged abuse either reduces or ceases completely and that the adult feels safer. They are subject to regular review and form the basis of any on-going support plans after the safeguarding investigation has finished. In 2015 -16, 4167 Care and Protection Plans were implemented, approximately 54% of all recorded referrals. In the course of 2015-16, adult safeguarding services closed 28% of the referrals received throughout the year.

Discussion

Changing conceptualisation of adult safeguarding in NI has resulted in a move towards a rights-based, empowering and person-centred approach, encouraging consent driven practice and promoting partnership with the wider public. A key feature of the new policy (DHSSPS, 2015) is the renewed and equal emphasis given to prevention and early intervention activities. A key role is envisaged for community, voluntary and faith sector organisations in building capacity in individuals, families, neighbourhoods and communities to keep themselves safe from harm through abuse, neglect or exploitation; safeguarding is deemed to be everybody's business.

The extent to which these current models are fit for purpose, providing equal access to justice and protection for all NI citizens, while promoting self-determination and autonomy, remains largely untested. Further research is needed to explore the effectiveness of the current model

of adult safeguarding, and to inform decisions around the need for specific adult safeguarding legalisation, understood within the social-cultural context of NI.

The significant increase in referrals also requires further investigation. Possible reasons for this increase include heightened public awareness through the establishment of the NIASP and associated local arrangements, and the introduction of single-points-of-contact for referrals. Whilst there is a dearth of knowledge of the impact of the Troubles on adult safeguarding, this is also potentially relevant. Violent political conflicts have been found to have long-lasting consequences, with psychological and social costs to individuals and communities (Ramon et al., 2006). More specifically, research evidence has highlighted a significant detrimental impact on the mental health of NI citizens, and on their socioeconomic status (Tomlinson, 2007). Moreover, social workers and service users in NI, and other post-conflict countries, were found to be impacted by emotional stress, fear, and concern over religious and national identities. Further research is needed into how the features of this post-conflict society impact the incident of, and approaches to, adult safeguarding. The following reflection on legal and organisational systems highlights the importance of NI's unique socio-cultural systems in understanding the strengths and limitations of safeguarding models and practices.

Organisational structures and practise

Firstly, in its favour, there is a culture of strong partnership working in NI, and a strong practitioner relationship to policy. This is perhaps best understood within the historical and cultural context of NI. Tracing the troubled history of NI highlights a lack, until relatively recently, of devolved system of government situated to develop local services. Many functions of government were transferred to semi-autonomous arms-length bodies who assumed responsibility for specific areas such as housing, education, health and social care. Over time, a culture developed with these government departments forging strong partnerships with practitioners to find local solutions to emerging issues. In this context, front line practitioners have demonstrated a strong history of leading developments in Health and Social Care service provision including adult safeguarding processes. The most recent adult safeguarding policy (DHSSPS, 2015) has been developed in large part through consultation with and contribution from practitioners. This ensured both that innovations and emerging ideas from practice were included in the new policy and also that practitioners had a sense of ownership and commitment to it. This appears to mitigate against the issue identified by Penhale et al. in which some agencies in England and Wales viewed safeguarding policy 'not as a "must do" but a "may do"

and in some ways as optional' (Penhale et al., 2007: 7). Moreover, the NIASP is tasked with developing supporting procedures and ensuring implementation of the new policy, requiring close collaboration with the voluntary, statutory, independent and faith sectors, service user representatives and practitioners. Well-established and close working relationships facilitated a process of co-production and allowed the piloting and refinement of new ways of working. Moreover, adult safeguarding in NI remains a comparatively small professional community which has developed a strong professional network and support system. There are clear and direct lines of communication with, and learning from, front line practice, and a strong system of governance.

This familiarity has many advantages, easing communication flow and encouraging frontline participation and challenge. However, it means that the system also needs to be alert to the power of the prevailing culture and to work actively to avoid 'group think', in which professionals conform to prevailing group opinion (Haslam, 2014). The role of the Regional Adult Safeguarding Officer is also very influential. Positive working relationships with wider agencies such as the PSNI or the RQIA and a mutual commitment to collaborative working can help to avoid "group speak" through the provision of robust challenges to practice.

NI has clearly developed local solutions to the challenges posed by adult safeguarding based on its socio-cultural context. Other authors have highlighted factors which positively impact adult safeguarding, for example, a history of local partnership working and affective relationship (Reid et al., 2009), and the importance of facilitating shared decision-making, shared ownership and shared responsibility amongst agencies, especially around the development of joint protocols and strategies (Penhale et al., 2007). Arguably, the small scale and strongly relational features of NI society provide a ready environment to facilitate these practices. However, the potential to apply this model in other settings remains untested and would benefit from further review.

Legislative base

NI remains the only region within the UK which does not have distinct adult safeguarding legislation, with ongoing public debate around the need for such legislation. The lack of a distinct legislative base has shaped adult safeguarding practice at strategic and front line levels. Advantages are observed in a growing appreciation of the support that the civil courts may be able to provide, and there has been imaginative use of welfare legislation. Preston-Shoot and

Höjer (2012) suggests that legal measures may potentially over simplify the complexities of balancing protection and service user autonomy. Arguably, a legalistic approach can limit service user empowerment, with the use of policy and protocols tending towards more therapeutic and person-centred interventions. This may facilitate greater professional autonomy and decision making, promoting flexibility in adapting to service and knowledge developments. A policy base to adult safeguarding offers an inherent flexibility to respond to new or emerging issues, such as modern slavery or approaches to dealing with financial abuse. It may also encourage creative practice, finding alternative safeguarding interventions such as Family Group Conferences, and forging strong links with community sector groups and organisations.

However, disadvantages are evident. The current lack of specific adult safeguarding legislation means that there is no “middle ground” between the absence of legal action to protect an individual being taken, and a criminal prosecution. For example, only a very small percentage of adult safeguarding investigations which are managed under the Joint Protocol (DHSSPS, 2003) i.e. where a crime is thought to have taken place) actually get to court. There is a concern that in the absence of a significant likelihood of prosecution, there are limited alternative measures which ensure the safety or well-being of the adult. This means that many adults at risk or in need of protection may be reluctant to either avail of Civil Protection Orders or make complaints to the police against members of their own family.

A small but significant number of cases continue to arise each year where practitioners are unable to locate or get access to an adult at risk. Such situations are most likely to arise where the adult at risk is being cared for in their own home and access to them is denied by their primary care giver. Practitioners have expressed a view that legislation that would secure access to such an adult at risk would be helpful.

Finally, the NIASP is a partnership established through policy, not statute. That arrangement confers a significant number of benefits, not least of which is greater flexibility to respond to emerging issues and to recruit new members to the partnership who have the requisite knowledge or experience in those areas. However, it also means that the NIASP may be perceived as “junior” to statutory partnerships such as the Children’s Safeguarding Board for NI.

Future developments

Since regional adult safeguarding statistics were first gathered in 2011, there has been a steady increase in the number of referrals made to HSC Trusts. This growth might be explained by an increase in the professional and public awareness of the potential for harm or abuse; however, it might also reflect changing demographics of Northern Irish society. Future developments in adult safeguarding must take cognisance of these changing demographics, changes which point to the potential for increased vulnerability in the population. As people get older, rates of ill health and disability are likely to increase considerably. For example, it is anticipated that the rate of disability among those aged over 85 is 67%, compared with only 5% among young adults (DoH, 2016). Dementia is also a growing issue for the older population in NI, with 60,000 people projected to be suffering from dementia by 2051 (NISRA, 2015). In addition, the profile of older people who require care is becoming more complex, and many older people are living with multiple chronic illnesses (DoH, 2016). Moreover, in NI, like other parts of the UK, there is a policy shift to provide social care services through personal budgets and Direct Payments. Whilst this is deemed to have positive outcomes for service users, providing increased choice and control, it brings with it potential safeguarding risks (Manthorpe and Samsi, 2013). In recognition that health and social care services in NI, as elsewhere, are coming under increasing pressure because of an ageing population and greater complexity of need, adult social care is undergoing a system of review and reform. Whilst the shape of this reform is as yet unclear, radical change in the delivery of services has been promised (DoH, 2016) and it is likely that safeguarding systems will need to be developed to accommodate these changes.

A second major reform relates to the introduction of new capacity legislation. The centrality of the relationship between mental capacity and adult safeguarding is well established (Manthorpe et al. 2009, 2013; Stewart, 2012; Stevens, 2013). Safeguarding requires astute professional judgment in balancing autonomy with intervention (Preston-Shoot and Cornish, 2014; Stevens, 2013), which must be understood within the context of capacity (Braye et al., 2011; Brown, 2011). As such, the development of new mental capacity legislation must be considered in the legal and practice development of adult safeguarding.

The Mental Capacity Act (NI) 2016, and will replace The Mental Health (NI) Order 1986. Unlike the approach taken in England, Scotland and Wales (Harper et al., 2016), the Act

introduces a single legislative framework 'for interventions in all aspects of the needs of people requiring substitute decision-making, including mental health, physical health, welfare or financial needs. (Bamford Review, 2007: 53). This rights-based approach respects the decisions of all who are assumed to have capacity to make their own decisions. Grounds for interfering with a person's autonomy should be based primarily on impaired decision-making capacity, regardless of whether an individual has a diagnosed physical or mental illness. The Act is based on the principle of autonomy, in which any person who has the ability to make a decision, however unwise, should be respected to do so. If a person lacks the capacity to make a decision they should be supported to do so. If with support, they continue to lack decision making capacity, a substitute decision making process is evoked, based on their best interests and taking account of their about previously expressed preferences or choices. This new legal framework will take time to become embedded within practice, it is estimated that it will be 2020 before it will be fully implemented. However, it will undoubtedly shape adult safeguarding practice with an expectation of a further move towards consent driven interventions. It will also contribute to the ongoing debate around the need for distinct adult safeguarding legislation.

Finally, there are ongoing developments in staff training. NI has in place a regional training framework based on clear practice and learning outcomes aligned to role and function. It is applied to all staff and volunteers throughout NI who are in contact with or providing services to adults across the statutory, voluntary, community, independent and faith sectors. More recently a specialist adult safeguarding post-qualifying specialist award in social work has been established. 'The Professionals in Practice Award in Adult Safeguarding', provides significant recognition of the high levels of skill and expertise required to safeguard adults in need of protection. At the same time, it builds confidence in individual practitioners and their sponsoring or employing organisations.

Conclusion

Distinct features of Northern Irish society have shaped its adult safeguarding policy and practice in ways which differ from those in England, Scotland and Wales. In particular, NI remains the only country within the UK that does not have specific adult safeguarding legislation. Whilst strengths and limitations of the policy driven approach have been identified, it is suggested here that a culture of strong partnership working and a strong practitioner

relationship to policy increases the likelihood of a consistent approach to safeguarding across the region, and empowers practitioners to shape future developments in adult safeguarding.

The past ten years, have already seen distinct changes in the conceptualisation of adult safeguarding in NI, and it is likely that as our evidence base improves, further developments will be made. It is important that our policy and practices continue to be monitored for their sensitivity to the changing demographics and community dynamics and to the changing conceptualisation of risk and capacity. Currently, there is a strong emphasis on prevention and early intervention activities, with a key role envisaged for community, voluntary and faith sector organisations and it seems likely that this will continue.

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